

**DECLARATION AND
POWER OF ATTORNEY FOR
PATENT APPLICATION**



Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	4115-193
First Named Inventor	Chris D. Geddes
COMPLETE IF KNOWN	
Application Number	
Filing Date	May 25, 2005
Art Unit	NA
Examiner Name	NA

As a below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

"CARBOHYDRATE-BASED SYNTHETIC VACCINES FOR HIV"

the specification of which is attached hereto unless the following box is checked:

() was submitted on _____ as US Application Serial No. _____ based on International Application Number PCT/US2003/038163 filed on November 26, 2003.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination and patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119(a-d) or 365(b) of any foreign application(s) for patent or inventor(s) certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NO.	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
PCT	PCT/US2003/038163	26 November 2003	YES: <input checked="" type="checkbox"/> NO: _____

I hereby claim the benefit under Title 35, United States Code, §119(e) and/or §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this specification is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

60/429,263

(Application Number)

November 26, 2002

(Filing Date)

Converted to PCT

(Status-Patented, Pending, abandoned)

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)**

ATTORNEY DOCKET NO. 4115-193

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

**STEVEN J. HULTQUIST, REG. NO. 28,021
MARIANNE FUERER, REG. NO. 39,983
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All correspondence in connection with this application should be sent to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First Inventor: Chris D. Geddes

Inventor Signature: _____

Residence Address:

Citizenship:

Mailing Address: _____
(if different from Residence Address)

Full Name of Second Inventor: Joseph R. Lakowicz

Inventor Signature: _____

Residence Address:

Citizenship:

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Full Name of Third Inventor: Les Baillie

Inventor Signature: _____

Residence Address:

Citizenship:

Mailing Address: _____
(if different from Residence Address)